



## SANITARY INSPECTION REPORT

IDENTIFICATION						
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>			
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME			
NUMBER AND STREET			NUMBER AND STREET			
COUNTY			MUNICIPALITY		ZIP CODE	
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE	
INSPECTION						
TYPE OF ESTABLISHMENT 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i>  3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE   GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
				TIME - (2400 HOURS)		
				DATE	BEGIN	END
EVALUATION						
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY						
OFFICIAL(S)						
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL			
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR			
			TITLE			
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE			
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE	